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      Attorneys for Plaintiff
                                        UNITED STATES DISTRICT COURT
                                    EASTERN DISTRICT OF PENNSYLVANIA
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      IN RE: ASBESTOS PRODUCTS LIABILITY
                                                                        Civil Action No. MDL. 875
      LITIGATION (NO. VI),
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      This document relates to James Guthrie, Tony
                                                                        STATEMENT OF CASE STATUS AS
     Davidson, Ronald Zerangue, Samuel Rester,
John Gray, Elmer Parolini, Wayne Dufault, Jesse
Beverly, Jr. v. General Electric Company, Todd
Shipyards Corporation, Lockheed Martin
Corporation, Raytheon Aircraft Company,
McDonnell Douglas Corporation, United States
District Court for the Northern District of
California Case No Cor-2542-II. Filed May
                                                                        TO PLAINTIFF Elmer Parolini
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      California, Case No.C07-2542-JL, Filed May
      14, 2007.
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              Pursuant to Administrative Order No. 12 of May 31, 2007, the above-referenced plaintiff
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      makes the following statements:
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               1.
                       SUBMISSION OF IDENTIFICATION INFORMATION
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              Plaintiff (full name): Elmer Parolini;
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              Date of Birth: July 23, 1918;
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              Last four digits of plaintiff's social security number: 6031;
25
              Plaintiff is a:
                                 asbestos-related injury victim. (The person who suffered the asbestos-
26
      related injury was Elmer Parolini).
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                       SUBMISSION OR RELATED COURT ACTIONS
              2.
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              Plaintiff identifies the following related actions, the status of each of the following being
      G:\MDL\AUGUST 1 PROJECT\run on 7 6 07 as of 1051.wpd [ 107010.003 Elmer Parolini ]
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STATEMENT OF CASE STATUS - - MDL DOCKET NO. 875

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"pending" in the court unless otherwise indicated; with additional information on these related action(s) attached hereto and incorporated herein by this reference:

Elmer Parolini and Elizabeth Parolini v. Asbestos Defendants, San Francisco Superior Court of the State of California, Case No. 274101; Claim of the Asbestos Injured Party for his personal injury and his spouse for Loss of Consortium. This case is active, pre-trial.

- 3. SUBMISSION OF STATEMENT OF CASE STATUS
- Plaintiff identifies the following defendants as non-bankrupt and unsettled the Α. above stated plaintiff has pled against: GENERAL ELECTRIC COMPANY
- B. Plaintiff has achieved resolution of plaintiff's claim with the following defendants: Not applicable.
- C. Plaintiff now desires to dismiss from Plaintiff's action the following Defendants: Not applicable.
- Plaintiff identifies the following defendant(s) as currently in bankruptcy: Not D. applicable.
- SUBMISSION OF MEDICAL REPORTS 4.

Plaintiff submits that attached medical diagnosing report / opinion based upon objective and subjective data which is identified and descriptively set out within the report / opinion which will withstand a dispositive motion, and is based on objective and subjective data which is identified and descriptively set out within the report / opinion. In addition, Plaintiff expects a pulmonary examination report from Dr. Schonfeld within the next five to six months when the doctor will travel to Nevada for the examination with the patient; Plaintiff will file a supplemental report to include this information and provide copies to counsel.

- ALTERNATIVE PLAINTIFF SUBMISSION: Not Applicable. 5.
- 6. TIMING REQUIREMENTS

Above plaintiff's action was filed on May 14, 2007 making this submission due on or before August 1, 2007.

- SCREENED CASES: Plaintiff's claims are not the result of a mass screening. 7.
- 8. **EXCLUSIONS**

This case is not designated as 2MDL 875 (MARDOC).

9. SETTLEMENT CONFERENCE / SUGGESTIONS OF REMAND

Plaintiff asks that a settlement conference be set in this matter and seeks remand of this case back to the originating court.

10. MANNER OF SUBMISSIONS

In accordance with FRCivP Rule 5, a copy of the foregoing submission is served upon all parties in this above-identified action (Case No.C07-2542-JL) pursuant to the local rules of the United States District Court for the Northern District of California, upon filing with that Court, using that Court's transmission facilities by means of the Court's CM/ECF (Case Management / Electronic Case Filing) system.

Dated: 7/10/07

BRAYTON PURCELL LLP

By:

David R. Donadio Attorneys for Plaintiff Elmer Parolini

PURCELL LLP YS AT LAW IN DING ROAD IN 6169 ORNIA 94948-6169

DEFENDANTS IN RELATED COURT ACTION

_	
3	ALLIS-CHALMERS CORPORATION PRODUCT LIABILITY TRUST
4	ASBESTOS CORPORATION LIMITED
	BUCYRUS INTERNATIONAL, INC.
5	CROWN CORK & SEAL COMPANY, INC.
	THOMAS DEE ENGINEERING CO., INC.
6	FOSTER WHEELER LLC
	GARLOCK SEALING TECHNOLOGIES, LLC
7	OWENS-ILLINOIS, INC.
′	PARKER-HANNIFIN CORPORATION
8	PLANT INSULATION COMPANY
	QUINTEC INDUSTRIES, INC.
9	RAPID-AMERICAN CORPORATION
•	THORPE INSULATION COMPANY
0	UNIROYAL HOLDING, INC.
	VIACOM, INC.
1	WESTERN MacARTHUR COMPANY
_	MacARTHUR COMPANY
2	WESTERN ASBESTOS COMPANY
3	INGERSOLL-RAND COMPANY
	HOPEMAN BROTHERS, INC.
4	J.T. THORPE & SON, INC.
	METROPOLITAN LIFE INSURANCE COMPANY
5	GATKE CORPORATION
١ ّ ا	AMERICAN CONFERENCE OF GOVERNMENTAL INDUSTRIAL HYGIENISTS, IN
6	UNDERWRITERS LABORATORIES, INC.
	PNEIMO AREX LI C

AND

Defendants.

and DOES 1-8500,

KENTILE FLOORS INC
BOISE CASCADE CORPORATION
SB DECKING INC
FRASER-EDWARDS COMPANY
IMO INDUSTRIES INC

Elmer Parolini and Elizabeth Parolini vs. Asbestos Defendants (B P)
San Francisco Superior Court

DONALD BREYER, M.D., F.A.C.R. Certified ILO B Reader

6861 Gunn Drive Oakland, CA 94611 (510) 339-9204 Fax: (510) 338-0069

February 9, 2007

PAROLINI, ELMER

EXAMINATION: A high resolution CT scan of the chest including conventional and prone high resolution images. Lack of conventional images limits comprehensive evaluation of the chest. The study is otherwise technically adequate. The study is performed at West Valley Rainbow on 1/31/07.

DATE OF EXAMINATION: January 31, 2007

In the nondependent lung fields on the prone high resolution images some changes of thickened, irregular interlobular septa are noted bilaterally.

Extensive changes of calcified chest wall and diaphragmatic pleural plaque are present bilaterally. Some of the chest wall plaques measure over 1 cm in thickness.

There is a pleural-based ovoid nodule present in the right lung apex and this measures about 10×15 mm. Changes of architectural distortion and parenchymal band formation are noted at the right lung base and in the left mid lung field. These are noted in association with large chest wall pleural plaque. There appear to be some prominent mediastinal lymph nodes.

IMPRESSION:

THE PARENCHYMAL FINDINGS PRESENT ARE COMPATIBLE WITH MILD INTERSTITIAL FIBROSIS. THE DISTRIBUTION AND APPEARANCE ARE COMPATIBLE WITH ASBESTOS RELATED INTERSTITIAL FIBROSIS.

THICK, DENSELY CALCIFIED CHEST WALL AND DIAPHRAGMATIC PLEURAL PLAQUES NOTED BILATERALLY. THIS FINDING IS PATHOGNOMONIC OF ASBESTOS RELATED PLEURAL DISEASE.

OVOID SOFT TISSUE DENSITY IN THE RIGHT LUNG APEX WITH PROMINENT MEDIASTINAL LYMPH NODES. FURTHER EVALUATION IS RECOMMENDED TO RULE OUT MALIGNANCY.

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R.D. PRABHU-LATA K. SHETE, M.D.'S, LTD

RED ROCK MEDICAL GROUP ELDORADO MEDICAL CENTER
RED ROCK PAHRUMP MEDICAL CENTER

Parolini, Elmer

Date: 03/05/2007 Followup Visit Gender: Male

Date of Birth: 07/23/1918

Chief Complaint

Abnormal CT scan of the chest.

History of Present Illness

The patient recently had CT scan of the chest done and is found to have an ovoid lesion in the right lung apex with prominent mediastinal lymphadenopathy. He has a history of asbestosis. We are concerned about malignancy. I feel it is best to evaluate him further a PET scan. This should be followed by a needle biopsy of the right upper lobe lesion. He denies any history of fever, chills, chest pain, or hemoptysis. He continues to have problems with shortness of breath secondary to asthma. He denies any history of anorexia or weight loss.

ALLERGIES

• None.

Medications

Fosamax, Voltaren, Advair, and albuterol.

History Review & Problem List

Past Medical History:

• Arthritis.

Past Surgical History:

- Tonsillectomy.
- Appendectomy.

Social History

- The patient has history of occupational exposure to asbestos.
- He smokes three cigarettes per day for 20 years. Total amount of cigarette smoking is three pack years.

Family History

- The patient's mother had asthma.
- His sister had liver disease.

Positive Findings from REVIEW of SYSTEMS

- · The patient denies weight loss or weight gain.
- He denies loss of vision, hearing loss, tinnitus, nosebleed, or bleeding gums.
- He denies hemoptysis or pleurisy.
- The patient denies chest pain, palpitations, or heart failure.
- He denies constipation, diarrhea, jaundice, or bleeding per rectum.
- · The patient denies dysuria or hematuria.
- He denies syncope or seizures.
- Negative except as noted in HPI.

R.D. PRABHU-LATA K. SHETE, M.D.'S, LTD

RED ROCK MEDICAL GROUP ELDORADO MEDICAL CENTER RED ROCK PAHRUMP MEDICAL CENTER

SYSTEMS REVIEW {Reviewed Categories 1 through 14}

- 1. Constitutional: Weight loss, weight gain, fever, chills, and sweats.
- Eyes Ears, Nose, Mouth, Throat: Double vision, blurred vision, pain in eyes, redness, loss of vision in one eye or both eyes, headache, pain, stiffness, swelling, glasses, hearing loss, tinnitus, dry nose, nosebleed, bleeding gums, and hoarse voice.
- 3. Respiratory: Dyspnea, cough, sputum production, asthma, hemoptysis, pneumonia, and pleurisy.
- 4. Cardiovascular: Chest pain, angina, orthopnea, palpitations, murmur, heart failure, pain in legs, ulcers, and phlebitis.
- 5. Gastrointestinal: Altered appetite, trouble swallowing, nausea, vomiting, altered stools (blood etc.), constipation, jaundice, and family history of colon cancer.
- Urogenital: Trouble passing urine, blood in urine, discharge, and potency loss of libido.
- 7. Musculoskeletal: Pain, tenderness, fractures, cramps, weakness, joint swelling, and injuries.
- 8. Neurological: Syncope, seizures, dizziness, stroke, tremor, weakness, memory problems, and depression.
- 9. Sleep: Sleepiness in daytime, naps frequently, nocturnal awakenings, snoring, early morning fatigue, awakening dry mouth, awakening with headache, and bed partner reported apnea.
- 10. Integumentary: Rashes, sores, hives, and dark moles.
- 11. Hematological/Lymphatic: Anemia, easy bruising, cancer, and frequent infections.
- 12. Allergic/Immune: Nasal stuffiness, nasal discharge, itchy eyes, fatigue, sneezing, malaise, and frequent infections.
- 13. Endocrine: Thinning hair, loss of hair, thick hair, weight gain, weight loss, osteoporosis, thyroid problems, and adrenal insufficiency.
- 14. Psychiatric: Depression, flight of ideas, and hallucinations.

PHYSICAL EXAM

VITAL SIGNS

Height(in)	Weight(lb)	Temp(°F)	Pulse/(min)	Resp/(min)	BP sys	BP diast
5′10″	159	97.5	57		162	83

Vital Signs: SpO_2 is 97%.

General: The patient is a well-built, well-nourished white male who looks

chronically ill.

HEENT: Atraumatic. Normocephalic. Pink conjunctivae. Anicteric sclerae. Moist

mucosa.

Neck: Supple. No jugular venous distention. No adenopathy. No thyromegaly.

Chest: Rhonchi are heard on auscultation.

Heart: S1 & S2 regular rate and rhythm. No rub, clicks, murmurs.

R.D. PRABHU-LATA K. SHETE, M.D.'S, LTD

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Abdomen: Soft and benign without organomegaly. No tenderness, guarding, or

rebound. Bowel sounds well heard.

Genitalia: Not examined.

Extremities: No cyanosis. No clubbing. No edema.

Back: No CVA or spinal tenderness.

Skin: No rashes. No subcutaneous nodules.

Neurological: The patient is alert, awake, and oriented to time, place, and person.

Recent and remote memory is good. Mood and affect are appropriate. Cranial nerves are intact. Deep tendon reflexes are normal. Babinski is

negative. Sensation is intact.

DIAGNOSTICS

05/07/2002:

 Pulmonary function tests revealed evidence for mild obstructive ventilatory impairment. Diffusion capacity is within normal limits. Following bronchodilator therapy, there is improvement in maximum mid expiratory flow rates. The patient's airway resistance has somewhat increased.

ASSESSMENT

- 1. Right upper lobe lesion.
- 2. Mediastinal lymphadenopathy.
- 3. Asbestosis.
- Must rule out carcinoma of the lung.

PLAN

- We will proceed with a PET scan followed by needle biopsy of the right upper lobe lesion.
- Diet and exercise advice is given.

Discussed and reviewed with the patient the indications for and the side effects of the medication. Patient is instructed to go to the nearest emergency room for any medical emergencies. If patient should have any unexpected medical problems then the patient should return to the office as soon as possible.

Follow-up: One month or sooner if needed.

, R. D. Prabhu, MD

R. D. Preda

PS: The dictation has not been edited and is subject to transcription variance.

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ALAN R. BRAYTON, ESQ., S.B. #73685 DAVID R. DONADIO, ESQ., S.B. #154436 LAUREL HALBANY, ESQ., S.B. #226549 BRAYTON PURCELL LLP Attorneys at Law 222 Rush Landing P.O. Box 6169 Novato, California 94948-6169 (415) 898-1555 Attorneys for Plaintiffs

SUPERIOR COURT OF CALIFORNIA **COUNTY OF SAN FRANCISCO**

ELMER PAROLINI and ELIZABETH PAROLINI, Plaintiffs, VS. ASBESTOS DEFENDANTS (B❖P) ASBESTOS No. 274101 DECLARATION OF RACHAKONDA D. PRABHU, M.D., IN SUPPORT OF

MOTION FOR PREFERENCE IN TRIAL SETTING

Date: Time: Dept: Trial Date:

Date Action Filed: March 5, 2007

I, Rachakonda D. Prabhu, M.D., declare:

- I am a physician licensed to practice medicine in the State of Nevada with offices at 5701 West Charleston Boulevard, Number 100, Las Vegas, Nevada. I am Board Certified in Pulmonary Diseases.
- 2. I am the treating physician of ELMER PAROLINI, the plaintiff in this action. Mr. Parolini is 88 years old and suffers from asbestosis most probably related to his occupational history of exposure to asbestos.
- I last saw Mr. Parolini on 03 20 07. Mr. Parolini currently 3. suffers from asbestosis, mediastinal lymphadenopathy, shortness of breath, osteoporosis, and arthritis. In January of 2007, Mr. Parolini underwent a CT scan which revealed a suspicious

RACHAKONDA D. PRABHU, M.D., IN SUPPORT OF MOTION FOR PREFERENCE IN

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lesion in the upper right lung. However, due to Mr. Parolini's advanced age, he has not undergone a biopsy. Mr. Parolini has a surgical history of tonsillectomy and appendectomy.

- 4. Mr. Parolini currently takes the following medications: Fosamax to prevent bone fractures, Voltaren to prevent eye inflammation, and Advair and Albuterol to improve breathing.
- 5. No improvement in Mr. Parolini's health can be expected. My medical opinion is that due to his advanced age and health problems, and that in someone with asbestosis, the symptoms listed above are evidence that his already impaired ability to participate meaningfully in a law suit will only decline further as time passes. In my opinion, if trial does not commence within 120 days, Mr. Parolini's interest in this action will be prejudiced as his ability to participate meaningfully at trial will be diminished, and he will be unable to attend his trial.

Executed on 7/6/1/2 at Las Vegas, Nevada.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Rachakonda D. Prabhu, M.D.